



Monthly Account Agreement Government Subscribers

A subscription to IN.gov offers you many benefits...

- Convenient access to all authorized subscriber services
- Up to 10 confidential usernames + passwords per account
- Toll-free technical hotline staffed with knowledgeable consultants
- Online account management reports

PREMIUM SERVICE SUBSCRIPTION CHOICE

- ☐ IN.gov *only* (free)
Indiana State Government Subscriber Services

Upon completion of this form,
please sign and send your initial
subscription payment to:

IN.gov
10 West Market Street, Suite 600
Indianapolis, IN 46204
or
Fax: 317.233.2011

GOVERNMENT ENTITY SELECTION

If you are a governmental entity, please indicate below. To receive government discounts for IN.gov services, you must complete the "Memorandum for Government Subscribers" Fee Waiver Application. New account subscription agreements not accompanied by this memorandum will be assumed for private business or personal use and will be charged the full amount for transactions.

- ☐ Federal Government
☐ Indiana State Government
☐ Indiana Local Government

USERNAME ASSIGNMENTS

Please print the actual name(s) to be assigned a username. Each user must provide his/her signature and e-mail address.

Which method is preferred to receive username and passwords: ☐ phone ☐ fax ☐ mail

Account Manager Username	Name	User Signature	E-mail Address
Premium Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Billing Manager Username	Name	User Signature	E-mail Address
Premium Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Username	Name	User Signature	E-mail Address
01. _____	_____	_____	_____
02. _____	_____	_____	_____
03. _____	_____	_____	_____
04. _____	_____	_____	_____
05. _____	_____	_____	_____
06. _____	_____	_____	_____
07. _____	_____	_____	_____
08. _____	_____	_____	_____
09. _____	_____	_____	_____
10. _____	_____	_____	_____

For office use only:
Acct: _____
Employee: _____

MAILING ADDRESS

Government Agency Name: _____
Contact/Admin Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ ext. _____
Fax: _____
Contact/Admin Email: _____

BILLING INFORMATION (Please select only one option. For more information, please refer to the Terms and Conditions)**Monthly Invoice/Statement**

Note: \$15 minimum monthly fee

If there is no use during the month,
then there is NO monthly fee.

If there is any use during the month, then the mailed
invoice will be \$15 minimum.

\$25 fee for returned checks

BILLING ADDRESS

Organization Name: _____
Contact/Admin Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ ext. _____
Fax: _____

ORGANIZATIONAL INFORMATION (Required)

Primary Focus of Your Organization (Used only for internal classification purposes)

_____ 9210 Government
_____ 9211 Government-County
_____ 9212 Government-City
_____ 9213 Government-Federal

How did you hear about us?

AUTHORIZED SIGNATURE

I have read and agree to the terms and conditions of this Monthly Account Agreement for myself and any entity or organization for which I sign. I represent and warrant that I have the authority to sign this Monthly Account Agreement on behalf of and bind any entity or organization for which I sign. I further acknowledge that by signing and sending this Monthly Account Agreement by facsimile, I, and any entity or organization for which I sign, waive the right to contest the authenticity of my signature and the right to contest the enforceability or admissibility of this Monthly Account Agreement on the grounds that it is not an original document.

Signature _____ Date _____
Printed Name _____ Title _____



MEMORANDUM FOR GOVERNMENT SUBSCRIBERS
Fee Waiver Application

Thank you for your recent request for information about *IN.gov*. This memorandum addresses government pricing for all *IN.gov* password-protected services. Please choose the group that corresponds to your office and sign the appropriate section. Then, return this letter to *IN.gov* with your completed monthly account agreement.

ALL INDIANA STATE AGENCIES, COUNTY PROSECUTORS, LAW ENFORCEMENT AGENCIES AND COUNTY/CITY/TOWN COURTS:

If you are an Indiana state agency, county prosecutor, law enforcement agency or county/city/town court and will use this service only for your official duties, there are no fees for any password-protected service transactions and no yearly subscription fees. The exception to this rule is that county prosecutors and county courts must pay the \$7 statutory fee for each Indiana State Police Online Limited History. All subscriptions must be under the Indiana state agency, the actual county prosecutor, or the judge for the court to receive the waiver. Please return this signed memorandum with your completed monthly account agreement to *IN.gov*.

I, on behalf of my state agency, county prosecutor's office, law enforcement agency, or county/city/town court, agree that this *IN.gov* account will be used only in furtherance of the duties of employees or elected officials for this office and not for private use.

Alternatively, for any private use, I understand and will convey to my agency that a private (or second) account (with the standard *IN.gov* fee schedule) must be obtained.

Government Entity Name _____

(If applicable) Division of _____

Authorized Signature _____

Title _____

Date _____

ALL INDIANA CITY, CITY-COUNTY, COUNTY, AND TOWN AGENCIES; COUNTY PUBLIC LIBRARIES; FEDERAL GOVERNMENT AGENCIES; AND INDIANA STATE UNIVERSITIES:

If you are a city, city-county, county, or town agency; a county public library; an Indiana state university; or a United States federal government agency and will use this service for official duties, there is a discounted \$1.00 per record fee for all successful Indiana Bureau of Motor Vehicles (BMV) searches. All other password-protected services are full price. You will also be required to purchase a \$50/year subscription. Please return this signed memorandum with your completed monthly account agreement and the \$50 annual fee payment to *IN.gov*.

I, on behalf of my city, city-county agency, county agency, county public library, state university or United States federal government agency, agree that this account will be used only in furtherance of the duties of employees or elected officials for this office and not for private use.

Alternatively, for any private use, I understand and will convey to my agency that a private (or second) account at a different fee schedule must be obtained.

Government Entity Name _____

(If applicable) Division of _____

Authorized Signature _____

Title _____

Date _____

ALL OTHER USERS

If this account will be used for private business or personal use, not government business, the normal rates for all transactions will apply in addition to the \$50 /year subscription fee.